

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

ERIE

PLAINTIFF <i>Jennifer Ann Fedurek</i>	COURT CASE NUMBER <i>CV-05-186</i>
DEFENDANT <i>Heath Craft, Correctional Officer</i>	TYPE OF PROCESS
SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>KEOKE CRAFT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>106 Elm Street Franklin, PA 16323</i>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Jennifer Ann Fedurek - DJ9802 451 Fullerton Avenue Cambridge Springs, PA 16403	
<input type="checkbox"/> Number of process to be served with this Form 285 <input type="checkbox"/> Number of parties to be served in this case <input checked="" type="checkbox"/> Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

*This is a place of business - the Venango County Prison.  
 Personal information (such as home address) is not available to me.*

Signature of Attorney other Originator requesting service on behalf of: <i>Jennifer Ann Fedurek</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>N/A</i>	DATE <i>2-7-06</i>		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>      </i>	District of Origin <i>No.      </i>	District to Serve <i>No.      </i>	Signature of Authorized USMS Deputy or Clerk	Date <i>      </i>

I hereby certify and return that I  have personally served  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

**FILED**

Address (complete only different than shown above)

**FEB 23 2006**

A person of suitable age and discretion then residing in defendant's usual place of abode

Date  
*3/13/06* Time  
 am  
 pm

Signature of U.S. Marshal or Deputy  
*John Blawie*

Service Fee <i>Joe</i>	Total Mileage Charges including endeavors <i>      </i>	Forwarding Fee <i>      </i>	Total Charges <i>Joe</i>	Advance Deposits <i>      </i>	Amount owed to U.S. Marshal* or (Amount of Refund) <i>\$ 16.02</i>
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REMARKS: *2-10-06 9842 8020 6424*

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

